

CERTIFICATE OF COMPLETION

Contractor Name: _____ Contract # _____ -EHAP- _____

DIRECTIONS: As part of the close-out process for your EHAP grant: Telephone number _____

- Submit this two page form with your **final** Request for Disbursement (RFD) or within 60 days after your contract expires. (This is the date stamped in the lower right hand corner of the first page of the Standard Agreement.)
- Fill in column B according to attachment A of the Standard Agreement. To complete column C, refer to your last RFD, page 2. Money remaining in any activity should be listed in column D.
- Please ensure the "Certification of Grantee" section is fully completed and signed by the person (position) that also signed the Standard Agreement.
- Confirm that all Semi-Annual Reports for this grant have been submitted to the EHAP staff. The Certificate of Completion **cannot** be processed until all Semi-Annual Reports (SARs) for your grant have been received. (See EHAP Grant Management Manual, Chapter 5, for due dates of SARs.)

Note: This process is required to close-out your grant and to prevent possible disencumbrance of grant funds. If we do not receive this form within 60 days after your contract expires, we will initiate the disencumbrance of any remaining grant funds.

(A) Contract Activities	(B) Approved Grant Amount	(C) Total \$\$ Disbursed	(D) Amount to Disencumber (money not spent)
(1) Acquisition			
(2) New Construction			
(3) Rehabilitation			
(4) Equipment			
(5) Lease			
(6) Mortgage Payments			
(7) Vouchers			
(8) Residential Rental Assistance			
(9) Operations			
(10) Administration			
(11) OTHER			
TOTAL			

Contractor Name: _____ (Contract #) _____ -EHAP- _____

Semi-Annual Reports have been submitted _____ yes _____ no*

*If you answered "no", you must submit the required SAR's with this form.

COMMENTS:

CERTIFICATION OF GRANTEE

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the grantee for the payment of all unpaid costs and unsettled third-party claims; that the State of California is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on the standard agreement; in the event there are any costs which are disallowed by any audit those costs shall be returned to the Department of Housing and Community Development; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

DATE	PRINTED NAME AND TITLE	SIGNATURE

AMOUNT OF GRANT TO BE DISENCUMBERED \$ _____

HCD APPROVAL**THIS CERTIFICATE OF COMPLETION IS HEREBY APPROVED**

DATE	PRINTED NAME AND TITLE	SIGNATURE

AMOUNT OF GRANT TO BE DISENCUMBERED \$ _____

